

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002013

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

405

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in lb
years

55 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Osteopathic Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

4026 Michigan Avenue

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HARRY

LAWRENCE

SHINER

4. DATE
OF
DEATH

Month

Day

Year

January 20, 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-17-87

9. AGE (last birthday)

74

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

R.R. Passenger Agent

10b. KIND OF BUSINESS OR INDUSTRY

Union Pacific R.R.

11. BIRTHPLACE (City and state or country)

Near Braymer, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jasper A. Shiner

13b. MOTHER'S MAIDEN NAME

Emma Andrews

14. NAME OF HUSBAND OR WIFE

Fern Shiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

17. INFORMANT

4026 Michigan Avenue
Mrs. Fern Shiner, Kansas City, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HYPOSTATIC PNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH
?Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

PLEURAL EFFUSION - DUE TO META-
STATIC CARCINOMA OF LUNGS

?

DUE TO (c)

CARCINOMA OF URINARY BLADDER

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 13th, 62 to Jan. 20, '62 and last saw her alive on Jan. 20, 1962

Death occurred at 8:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D.W. Burroff

(Signature or title)

22b. ADDRESS

4026 Michigan Avenue, Kansas City, Mo.

22c. DATE SIGNED

1-21-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 23, 62

23c. NAME OF CEMETERY OR CREMATOR

Mt. Moriah Cemetery

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.
D.W. Newcomer's Sons, Kansas City, Mo. 1-23-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Edna H. H. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vera Fowler

Licensed Embalmer No. 4915

P. O. Address 156 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.